

NATIONAL ASSESSMENT & CLAIM SERVICES

Date: 20/11/17	Ref: NA/A16/7022086/13	Vehicle: SLE3492A	18/11/17	1245
Description: SAS e-filing		E-mail: [blank]		
i-Motor Claim Form		i-Motor W.O. [blank]		
i-Photo Uploaded		Assessment Survey Report		
Ass't Report by Fax / Hand to Owner Wksp		TF Insurer		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars:	Veh No: GBF9423Z	INC: () Non-BDC
Owner / Driver:	Tel:	
Policy No.:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured / Driver Liability:	[Note-Est. Status (WO): N: 0-20% P: 21-79% F: 80-100%]	
Year of Registration:	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towel-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		IN BN	Ass BN
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)		
Damaged Portion:	3) TF: Towing Fee (\$40)	\$40	\$40
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey (\$10)	\$10	\$10
Auditors' Comments :-	5) FT: Follow-Through Survey - Resurvey	\$0	\$0
	For claiming against INC Only, refer to Part 2		
	6) TR: Re-inspection (\$10)	\$10	\$10
	7) NI: Near DA - SMRT Survey (\$10)	\$10	\$10
	8) NTUC Additional services		
	9) [blank]		
	10) [blank]		
	11) [blank]		
	12) [blank]		
	13) [blank]		
	14) [blank]		
	15) [blank]		
	16) [blank]		
	17) [blank]		
	18) [blank]		
	19) [blank]		
	20) [blank]		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	20/11/2017 16:02
Date Of Accident	18/11/2017 12:45
Exact Location Of Accident	BLK 680 HOUGANG AVE 8 CARPARK(HG43)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE3492A
Insured/Policyholder	
Name Of Registered Owner	WANG SHUNDE
NRIC No	S8414876H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97505917
Alternative Phone No	OTHERS-97505917

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A180
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100474469-01000
Cover Note Number	

Driver

Name of Driver	WANG SHUNDE
NRIC No	S8414876H
Date Of Birth	16/05/1984
Occupation	INDOOR
Date Of Driving Pass	23/03/2006
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97505917
Fax Number	
Contact Number	OTHERS-97505917
Email Address	NOEMAIL

Address	BLK 680 HOUGANG AVE 8 #06-645
Postcode	530680
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I PARKED MY VEH INSIDE THE CARPARK LOT AT BLK 680 HOUGANG AVE 8 CARPARK(HG43).AT ABT 12:45PM I RECEIVED A CALL FROM MY NEIGHBOUR,HE TOLD ME THAT MY VEH WAS HIT BY A LORRY(B) BEARING REG NO GBF9423Z.I CAME DOWN AT THE SCENE AND TAKE A LOOK AT MY VEH.THE DRIVER OF VEH B ADMITTED,WHILE REVERSING HIS VEH GRAZED ONTO MY FRT LEFT SIDE PORTION OF MY VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF9423Z
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Name of Driver	NG AH HAI
NRIC/Passport Number	S1841202J
Contact Number	97518876
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 18/11/2017

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

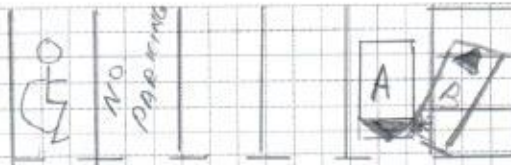
Name:

NRIC/FIN No.:

SKETCH PLAN

BLK 680 HOUGANG AVE 8

CARPARK (HG43)



A - SLE3492A

B - GBF9403Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature

Date & Time: 18/11/2017

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 20/11/17

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 11 / 2017) (DD/MM/YYYY), TIME: (12 : 45) (HH:MM)

LOCATION: BLK 680 HOUGANG AVE 8 Carport (HG43)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 3LE 3492A
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MERCEDES A180
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE PARKED VEH
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: WANG SHUNDE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S844876H CONTACT: 97505917
c) ADDRESS: BLK 680 HOUGANG AVE 8 #06-645
SINGAPORE 530680

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (16 / 05 / 1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBF9423Z MODEL: NISSAN CABSTAR
b) DRIVER'S NAME: NG AH HAI
c) NRIC/FIN/PASSPORT: S1841202J CONTACT: 9751 8876

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

CAMERA = YES

Email =

Fax =

18/11/1620

waiting for CI

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8414876H**

Name **WANG SHUNDE**

Birth Date **16 May 1984**

Issue Date **23 Mar 2006**

001408056K




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8414876H**

Name **WANG SHUNDE**

王 顺 德

Race **CHINESE**

Date of birth **16-05-1984**

Country/Place of birth **SINGAPORE**

Sex **M**






YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE **23 Mar 2006**

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

Licence No: **S8414876H**

NP 428A



5337342

S8414876H

NRIC No: **S8414876H**

Date of issue **06-08-2014**

Address **APT BLK 680 HOUGANG AVENUE 8
#06-645
SINGAPORE 530680**




AIG**CERTIFICATE OF INSURANCE**HOTLINE TEL: 1845 819 8000
FAX: (65) 6415 7777MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1988 (MALAYSIA)MERCEDES-BENZ MOTOR INSURANCE
CERTIFICATE NO. 2100474469-01000

M.X.1

1) VEHICLE REGISTRATION NO.
2) NAME OF INSUREDOWN DAMAGE EXCESS \$5800.00 (1)
WINDSCREEN EXCESS \$5100.00
(for policies with effect from 1st November 2002)SUM INSURED Market Value
INSURING WITH COE/PARF Yes

SLE3492A

Wang Shunde

19 Jul 2017

18 Jul 2018

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT
4) DATE OF EXPIRY OF INSURANCE5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *
SUBJECT TO AGE CONDITION :All Age Condition

a) The Insured

b) Any other person who is driving on the Insured's order or with his permission.

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.
A Young and/or Inexperienced Driver Excess ("YIDR") of \$53,000.00, in addition to thePolicy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said
Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or
has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf
from driving the Motor Vehicle.

6) LIMITATION AS TO USE *

Use only for social, domestic and pleasure purposes and for the Insured's business. The Policy does not cover use for hire or
rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing the carriage of goods other than samples
in connection with any trade or business or use for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / MERCEDES-BENZ AUTHORISED REPAIRERS

1. Cycle & Carriage Pandan Loop Service Center - 188 Pandan Loop (Tel: 6777 8388)

APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. Ethoz - 30 Bukit Batok Crest (Tel: 66547777)

4. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only 5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560)

6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110) 7. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62721892)

8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336) 9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE 15 Days Replacement Car only for repairs at C & C - Refer to policy wordings for details

NAMED DRIVER NA

HIRE PURCHASE COMPANY MERCEDES-BENZ FINANCIAL SERVICES (S) LTD
/ EMPLOYER'S LOAN* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and
Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-
Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 13 Jun 2017

AIG Asia Pacific Insurance Pte. Ltd.

504380-213
CYCLE & CARRIAGE - DANIEL
239 ALEXANDRA ROAD
SINGAPORE 159930

AUTHORISED REPRESENTATIVE

ORIGINAL

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